DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45 5/17/14

PRINTED: 04/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445355	A. BUILDING _____ B. WING _____	04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE	2000 BROOKSIDE DRIVE KINGSPORT, TN 37660

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F 000	INITIAL COMMENTS A recertification survey and complaint investigation #32472 were completed on March 31 through April 2, 2014, at Indian Path Medical Center Transitional Care Unit. Deficeincies were cited under 42 CFR Part, 483, Requirements for Long Term Care Facilities.	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The RN charge nurse on duty was counseled and provided a copy of the policy, "Fall Risk, Prevention and Intervention". This was carried out immediately on the morning of 6-18-13. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practice. The medical records have been reviewed for correct address and phone number of the person to be notified (POE, VIP, and next of kin). This will be reviewed with each admission. The information will be added to the SBAR. What measures will be put into place or what systematic changes will you make to ensure the deficient practice does not recur? TCU team members currently notify the House Supervisor immediately if there is	6-18-13 4-18-14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: VP/COO (X6) DATE: 4/23/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	Continued From page 1 the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility policy, and interview, the facility failed to notify the responsible party of an injury after a fall for one resident (#102) of twenty-one residents reviewed. The findings included: Resident #102 was admitted to the facility on June 7, 2013, with diagnoses including Escherichia Coli Sepsis, Dementia, Stage 3 Chronic Kidney Disease, Cholangitis, Urinary Tract Infection, and Orthostatic Hypotension. Review of the Admission Minimum Data Set dated June 13, 2013, revealed the resident with a Brief Interview Mental Status (BIMS) score of 3 (cognitively impaired), and the resident required moderate assistance of one person with all activities of daily living. Medical record review of the Clinical Notes Report dated June 17, 2013, revealed the resident fell at 11:00 p.m. Medical record review revealed the resident underwent x-rays and multiple medical tests, from 11:00 p.m., on June 17, 2013, to 3:40 a.m., on June 18, 2013, and was diagnosed with a right hip fracture at 3:43 a.m., on June 18, 2013. Medical record review revealed the resident's responsible party and Power of Attorney (POA) was not notified of the fall or injury until 7:20 a.m.,	F 157	an accident involving a resident. The supervisor will conduct a *Post Event Huddle* with all involved staff members as soon as the patient is stabilized. During the huddle the supervisor will review the medical record to ensure that the POA, VIP or next of kin has been notified timely and this has been documented. Supervisors and staff has been educated on this process. How the corrective action will be monitored to ensure the deficient practice will not recur? This information has been added to the *Post Event Huddle* tool, this will be forwarded to the Director of Nursing or designee for review to ensure that all required actions have been completed. In the event that all steps are not carried out the Supervisor and responsible staff member will be interviewed and if deemed necessary disciplinary action will be initiated. The House Supervisors and staff have been educated on the process.	4-18-14 4-18-14

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F 157	Continued From page 2 on June 18, 2013, eight hours, twenty minutes after the fall and injury occurred. Review of facility policy, Fall Risk Evaluation, Prevention, and Intervention-TCU (Transitional Care Unit) last reviewed on February 19, 2014, revealed "...when injury is suspected...notify family/and or very important partner...of resident's fall immediately..." Interview with the Director of Nursing (DON) and Risk Manager on April 2, 2013, at 8:40 a.m., in the DON's office confirmed the facility had failed to notify the resident's responsible party of the fall and suspected injury immediately.	F 157		
F 371 SS=F	C/O #32472 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, review of the facility cleaning log, and interview, the facility failed to maintain a clean and sanitary kitchen. The findings included:	F 371	Finding #1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected by the deficient practice. The staff member has been instructed to preform hand hygiene after applying hair covering. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practice. All staff has been educated on proper hand hygiene and applying hair covering.	4/1/14 4/21/14

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F 371	Continued From page 3 Observation on March 31, 2014 at 7:15 p.m., on the initial tour of the kitchen with the Food and Nutrition Supervisor present, revealed: 1) Dietary employee #1, preparing food without a hairnet or hair covering in place. When the employee was made aware of not having a hairnet the employee applied a hairnet and continued preparing food without washing their hands. Interview with the dietary employee at the time of the observation confirmed there was not a hairnet and the hands had not been washed before preparing food. 2) A large serving container in the glassed door cooler, marked lemonade with "date made - 3/21/14, expiration date of 3/27/14" marked on a label applied to the container, and ready for use. 3) A brown open bag not labeled and not dated containing white frozen cubes in the walk in freezer ready for use, the Food and Nutrition Supervisor stated "I think that is breakfast potatoes." 4) A rack in the food preparation area containing pans and utensils ready for use with fourteen of twenty-one, two inch full pans with white flaky debris on the inside and outside, and five of the fourteen pans with water droplets on the inside and outside of the pan. 5) Two commercial deep fryers, one labeled chicken only and one labeled fish only covered and ready for use with crusty brown debris on the perimeter of the dark brown oil. The Dietary supervisor stated "well if I can see through the oil I consider it ok to use, and it is real dark but I can	F 371	What measures will be put into place or what systematic changes will you make to ensure the deficient practice does not recur? Daily rounds will be done by the dietary supervisor or designee to ensure proper hand washing and hair covering is performed by all staff. How will the corrective action be monitored to ensure the deficient practice will not recur? If during daily rounding by the dietary supervisor or designee a staff member if observed not following proper hand hygiene and hair covering disciplinary action will be initiated. Staff has been educated. Finding #2 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The out dated contained of lemonade was immediately removed from the cooler and discarded. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practice. During daily rounds by the dietary supervisor or designee the cooler will be observed for outdated products.	4/21/14 4/21/14 3/31/14 4/21/14

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			What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? The dietary supervisor or designee will continue daily rounding to include the cooled to ensure there are no out dated products. All staff has been educated on the proper labeling and dating system for products.	4/21/14
			How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place? During daily rounding, by the Dietary supervisor or designee, if any outdated produce is identified it will immediately be removed and the staff member will be counseled and disciplinary action initiated.	
			Finding #3 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The product was immediately removed from the freezer and discarded.	3/31/14
			How you will identify other residents having the potential to be affected by the same deficient practice and what corrective	

4a

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			action will be taken? All residents have the potential to be affected by the same deficient practice. All dietary staff has been educated regarding proper storage and labeling system of products.	4/21/14
			What measures will be put into place or what systematic changes you will make to ensure that deficient practice does not recur? The dietary supervisor or designee will continue daily rounding to include the freezer to ensure there is no unlabeled product stored in the freezer.	4/21/14
			How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place? During daily rounding by the dietary supervisor or designee if any unlabeled product is identified it will immediately be removed and the responsible staff member will be counseled and disciplinary action initiated.	4/21/14
			Finding #4 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected by the deficient practice. The rack contains the pans and utensils was immediately removed and all pots and utensils were cleaned and air dried.	3/31/14

46

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			How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the same deficient practice. All dietary staff has been educated on the proper cleaning and drying of all pot, utensils and other items for food preparation.	4/21/14
			What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? The dietary supervisor or designee will include the food preparation area in daily rounds to ensure there are no items identified with any debris or liquid droplets on them. All dietary staff have been educated on the proper cleaning of these items.	4/21/14
			How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place? During daily rounds by the dietary supervisor or designee if any items are identified with debris or liquid on them the items will be removed and rewashed and dried: The responsible staff member will be counseled and disciplinary action initiated.	4/21/14

4L

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			Finding #5 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? There were no residents affected by the deficient practice. The deep fat fryer was immediately cleaned properly.	3/31/14
			How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practice. All staff has been educated on the proper cleaning of the deep fat fried and the cleaning log documentation for the deep fat fried has been reviewed with all staff.	4/21/14
			What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? The dietary supervisor or designee will include the deep fat fryer in the daily rounds to ensure the deep fat fryer is clean and the oil is of proper color for preparing foods.	4/21/14
			How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place? During	

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			daily rounds by the dietary supervisor or designee the deep fat fryer and the cleaning log will be reviewed. If the deep fat fryer is inappropriate for use and or the log is not complete the responsible staff member will be counseled and disciplinary action initiated.	4/21/14
			Finding #6 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? There were no residents identified as being affected by the deficient practice. Verbal progressive counseling was initiated to the dish room staff members that worked the specified four days that the sanitizer solution concentration log was not documented.	4/21/14
			How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practice. All staff members have been educated regarding the required documentation of the sanitizer solution concentration log for dish cleaning.	4/21/14
			What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not	

4e

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F 371	Continued From page 4 see through it." Continued observation on April 1, 2014, at 11:00 a.m., revealed: 1) Dietary employee #2 in the kitchen while food was being prepared, without a hairnet or head covering in place. 2) Observation of the cooler revealed a large serving container #1 marked lemonade with "date made - 3/21/14, expiration date 3/27/14" marked on a label applied to the container and ready for use, container #2 marked lemonade with "date made - 3/25/14, expiration date 4/1/14" marked on a label applied to the container and ready for use. Review of the Dishroom Sanitizer Solution Concentration Log for March 2014 revealed four of thirty-one days did not have documentation the solution was checked for the correct sanitizer concentration. Interview with the Food and Nutrition Supervisor in the kitchen on March 31, 2014, at the time of the first observation, confirmed the facility failed to maintain a clean and sanitary kitchen. Interview with the Registered Dietician/Director of Food and Nutrition on April 1, 2014, at 11:30 a.m., in the kitchen at the time of the second observation, confirmed the facility had failed to maintain a clean and sanitary kitchen.	F 371	recur? The dietary supervisor or designee will include the dish room and sanitizer solution concentration log during daily rounds to ensure the required documentation is appropriate and timely. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place? During daily rounds by the dietary supervisor or designee the sanitizer solution concentration log will be reviewed and if omissions are identified the responsible staff member(s) will be counseled and disciplinary action will be initiated and or progress to the next step. The sanitizer solution will immediately be corrected. See Finding #1 documentation from page 3-4. See Finding #2 documentation from page 4-5.	4/21/14 4/21/14
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an	F 441	What corrective action will be accomplished for those residents found to have been affected by the deficient practice?	

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F 441	Continued From page 5 Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility	F 441	The soiled bed side commode was immediately removed from the resident's room upon discovery and the tub was cleaned. The bedside commode container was replaced. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practice. During daily purposeful rounding the cleanliness and storage of bed side commodes will be checked by the Director of Nursing or designee. This began on 4/18/14. What measures will be put into place or what systematic changes you will make to ensure the deficient practice does not recur? All staff has been educated on the cleaning and storage of bed side commodes. How will the corrective action be monitored to ensure the deficient practice does not recur? It has been added to nursing purposeful rounding to check the cleanliness and storage of all bedside commodes. If a soiled or inappropriately stored bedside commode is identified the responsible staff will be reeducated and disciplinary action initiated.	4-1-14 4-18-14 4-18-14 4-18-14

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INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE	2000 BROOKSIDE DRIVE KINGSPORT, TN 37660

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F 441	Continued From page 6 failed to clean a bedside commode for one resident (#95) of twenty-one residents reviewed. The findings included: Observation on April 1, 2014, at 10:20 a.m., in the resident's bathroom revealed a bedside commode stored in the resident's bath tub. Continued observation revealed the commode contained a small amount of dark brown liquid and fecal material. Interview with the resident on April 1, 2014, at 10:22 a.m., revealed the resident reported the commode was last used the morning of April 1, 2014, and stated "that is after they cleaned it, they haven't cleaned it good once yet." Interview with the Director of Nursing on April 1, 2014, at 10:34 a.m., in the resident's bathroom confirmed the bedside commode was to have been thoroughly cleaned after each use, and was not to have been stored in the resident's bath tub while soiled, and the facility had failed to clean the commode.	F 441		